

(Space Above Reserved for Recorder of Deeds Certification)



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE BUREAU
AFFIDAVIT OF SEVERANCE

Page 1 of 2

FORM
5313
(REV. 2-2011)

Grantor/Grantee			Date	
Name of Manufactured Homeowner (Person(s) who will be issued Certificate of Title)				
Residential Address		City	State	Zip
Mailing Address		City	State	Zip
MANUFACTURED HOME INFORMATION				
Manufacturer Name		Manufacturer's Serial Number of the Manufactured Home		Home is: <input type="checkbox"/> New <input type="checkbox"/> Used
Model Year	Make	Model Name	Dimensions of the Home	
REAL ESTATE INFORMATION				
Legal Description of Real Estate (Attach a separate exhibit if more space is needed)				
RECORDATION INFORMATION (Obtain from Recorder of Deeds)				
Date Affidavit of Affixation was Recorded with Recorder of Deeds		Book Number	Page Number	

STATEMENT OF FACTS REGARDING CERTIFICATE OF TITLE**I HEREBY STATE THE FOLLOWING: (PLACE INITIALS IN APPLICABLE BOXES)**

☐ The following facts are known by me which affect the validity of the title to the manufactured home referenced in this application (attach a separate exhibit if more space is needed).

☐ I am not aware of any facts or information that could affect the validity of the title of the manufactured home or the existence or nonexistence of a security interest in or lien on it.

Under the penalties of perjury, I hereby affirm that the aforementioned manufactured home has been severed from the real estate described in this affidavit. I further affirm that the information contained in this affidavit is true and accurate.

Affiant's Signature

State of Missouri)

)

County of _____)

Printed or Typed Name of Affiant

Subscribed and sworn before me this

(Seal)

_____ day of _____, 20 _____

Notary Signature

Printed or Typed Name of Notary

My Commission Expires _____

DESIGNATED AGENT FOR FILING (WILL RECEIVE WRITTEN ACKNOWLEDGEMENT OF COMPLIANCE)

Name of Designated Agent

Business/Agency Name

Street Address

City

State

Zip

TO BE COMPLETED BY AN ATTORNEY-AT-LAW OR AN AGENT OF A TITLE INSURANCE COMPANY

I certify that the manufactured home described in this Affidavit of Severance is free and clear of, or has been released from, all recorded security interests, liens, and encumbrances.

PLACE YOUR INITIALS IN ONE OF THE APPLICABLE BOXES BELOW:

☐ I certify 1) that the following facts are known to me that could affect the validity of the certificate of title to the manufactured home described in this application, or 2) that I am aware of the existence of the following lien or encumbrance to the manufactured home described in this application (attach separate exhibit if more space is needed):

OR,

☐ I am not aware of any facts or information which may affect the validity of the certificate of title to, or the existence of any lien or encumbrance on the manufactured home described in this application.

Bar Number if an Attorney _____

License Number if a Title Insurance Agent _____

Signature of Attorney or Title Insurance Agent

Typed or Printed Name

Date